* No Zobbyist.
FEC FORM 3L * No - PAC Contributions REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACS - O Accepted ** **Contributions** **Contributions** **Contributions** **Contributions** **PAC Contributions** **Report of Contributions** **All Contributions** **All Contributions** **All Contributions** **PAC Cont
1. NAME OF COMMITTEE (in full) OLF SAVIOR US Presidential Cambridate 2013 ADDRESS (number and street) Check if different than previously TYPE OR PRINT Example: If typing, type over the lines. [12FE4M5] Over the lines. [12FE4M5] OLF SAVIOR US Presidential Cambridate 2.013 [13] Check if different than previously
2. FEC IDENTIFICATION NUMBER 3. IS THIS REPORT (N) OR (A) STATE ZIP CODE 4. STATE DISTRICT AMENDED (A) For Candidates Only
5. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) April 15 Quarterly Report (Q2) and/or Semi-annual Report Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report July 31 Mid-Year Report (Non-election Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report Report (Non-election Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report Report (Non-election Semi-annual Report Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report Report (Non-election Semi-annual Report Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) and/or Semi-annual Report General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period Report for the: Election on Report for the: See Line 6(b) Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period This report covers This report covers July 1 - December 31
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period Lobbyists/Registrants or Lobbyist/Registrant PACs
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date Date
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use O3/2009